

Division of Substance Abuse
Driving Under the Influence (DUI) Program
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40621-0001
(502) 564-9208 FAX (502) 564-7152

PROGRAM SURVEY FORM

Program Name: _____ Program Code: _____

Administrator's Name: _____

Mailing Address: _____

City

State

Zip

Telephone Number: _____ FAX: _____

Service Location (**Please use a separate form for each location and attach a copy of the current license for each location.**)

County: _____

Service Location Address: _____

City

State

Zip

Contact Person(s): _____

Scheduling Telephone Number(s): _____ FAX: _____

Hours of Operation (**Please list days & times**): _____

List all services, fees and staff for this county:	Offered Yes/No	Sliding Fee Scale Yes/No	Maximum	Fee
Assessment				
9 Hour Education (Circle curriculum taught)	<u> K </u> / <u> P </u>	_____	_____	_____
20 Hour Education (Circle curriculum taught)	<u> K </u> / <u> P </u>	_____	_____	_____
Individual Outpatient Treatment	_____	_____	_____	_____
(Specify if fee is per session or by hour)				
Group Outpatient Treatment	_____	_____	_____	_____
(Specify if fee is per session or by hour)				
Intensive Outpatient Treatment	_____	_____	_____	_____
(Specify if fee is per session or by hour)				
Detoxification	_____	_____	_____	_____
Residential	_____	_____	_____	_____
Transitional	_____	_____	_____	_____
Other	_____	_____	_____	_____

K = Kentucky Alcohol and Other Drug Education Program (**KAODEP**)

P = Prevention Research Institute Talking About Alcohol...Driving UnImpaired (**PRI**)

Name of Clinical Services Supervisor: _____

Credentials of Clinical Services Supervisor: _____

Certified Staff:

Name	DUI Certification Assessor/Instructor	Date of Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Title: _____ Date: _____